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CONFIRMATION NO. 1956

SERIAL NUMBER 09/688,343	FILING DATE 10/16/2000 RULE	CLASS 358	GROUP ART UNIT 2624	ATTORNEY DOCKET NO. 009683-361					
APPLICANTS Tatsutoshi Yamada, Toyokawa-shi, JAPAN; Yoshikazu Takesada, Sakai-shi, JAPAN;									
** CONTINUING DATA ***** <i>No</i> <i>Alt</i>									
** FOREIGN APPLICATIONS ***** <i>Yes</i> <i>Alt</i> JAPAN 11-295173(P) 10/18/1999									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/13/2000									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>Alt</i> Initials </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY JAPAN </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 10 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 18 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 4 </td> </tr> </table>					Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>Alt</i> Initials	STATE OR COUNTRY JAPAN	SHEETS DRAWING 10	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
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ADDRESS 21839 BURNS DOANE SWECKER & MATHIS L L P POST OFFICE BOX 1404 ALEXANDRIA , VA 22313-1404									
TITLE Apparatus and method for re-outputting image data under different conditions depending on time passing from output of the image data									
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		
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790		<input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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